NONO TANTANTON OOMGOONO

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2020 DEC 10 PM 1: 09

· Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example over the	e: If typing, type lines.	12FE4M		
U	nited Medical Freedon	n Super PAC, LLC					[
لب لب							
ΑĐ	DRESS (number and street)	166 Dogwood S	prings DR	<u> </u>			للبل
	Check if different than previously reported. (ACC)	Portland			TN	37148	5912
2	FEC IDENTIFICATION N	UMBER ▼	CITY A		STATE ▲	ZIP CO	DE A
	C 00753319	3	B. IS THIS REPORT	NEW (N) OR	_ _ (A)	ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Reports: April 15 Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) January 31 Year-End Report (Non-electic Year Only) (MY) Termination Report (TER)	PRE-Election Report for th (d) 30-Day POST-Electic Report for th	Apr 20 (M4) Prim Prim Pee: Con Pection on Gen Gen	Jul 20 (M7) nary (12P) evention (12C) heral (30G)	المط	20 (M10)	Special (30S)
5.	Covering Period	01 2020	<u></u>	hrough 11	23	2020	
	ertify that I have examined the perior of the period of the perior of the period of th	·	-	ge and belief it is t	true, correct and	complete.	
Sig	gnature of Treasurer OTE: Submission of talse, error	Typol	līju	et the person signing	Date 12	03 /	2020 U.S.C. § 30109.
_	Office Use					FEC FOF Rev. 05/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write	Ωſ	Type	Comm	nittee	Name

Report Covering the Period: From:	10 01 2020	Fo: 11 / 23 / 2020
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2020		\$0
(b) Cash on Hand at Beginning of Reporting Period	19,479.13	
(c) Total Receipts (from Line 19)	35,809.39	60,656.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55,288.52	60,656.3
. Total Disbursements (from Line 31)	38,053.38	43,421.2
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17,235.14	17,235.14
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0)
O. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	Ö	

For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

NONDETATION OF DOMBOOKS

Write or Type Committee Name United Medical Freedom Super PAC, LLC

Re	port Covering the Period: From:	/ 01 / 2020 To:	11 23 2020
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		25 721 00
	(i) Itemized (use Schedule A)	22,776.00	35,731.00
	(ii) Unitemized	13,033.39	24,925.38
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	35,809.39	60,565.38
•	(b) Political Party Committees		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35,809.39	60,656.38
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		de sensitif en mende et en 18 April 11 de en 19
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made		beautiful and the second and the sec
	to Federal Candidates and Other Political Committees		
17.	Other Federal Pessints		
`	(Dividends, Interest, etc.)	2 2 613 2 8 613 2 8 613 2	
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(from Schedule H3)		
*,	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35,809.39	60,656.38
	B _{ar}		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	35,809.39	60,656.38
			$-\mathbf{\chi}$

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date Operating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating 38,053.38 43,421.24 Expenditures (c) Total Operating Expenditures 43,421.24 38,053.38 22. Transfers to Affiliated/Other Party Committees..... Contributions to
Federal Candidates/Committees
and Other Political Committees...... Independent Expenditures 26. Loan Repayments Made..... Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...... 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))... 38,053.38 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 38,053,38 from Line 31)..... 43,421.24

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35,809.39	60,656.38
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35,809.39	60,656.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	38,053.38	43,421.24
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38,053.38	43,421.24

SCHEDULE A (FEC FOIIII SA)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)	derese strainy pointed deministrate	to bolish contributions with businessimmates.
United Medical Freedom Super PAC,	LLC	
Full Name of Individual (Last, First, Middle Initial) or Full O A. Group, Edward	rganization Name	Date of Receipt
Mailing Address 2040 North Loop West, STE 234		10 29 2020
Houston State TX	Zip Code 77018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		ping
	upation (for Individual) elf-employed	Memo Item
	Year-to-Date ▼	
Primary ★ General Other (specify) ▼	1,776.00	
Full Name of Individual (Last, First, Middle Initial) or Full CB. Todesco, Jordan	rganization Name	Date of Receipt
Mailing Address 5947 New Nashville Hwy.	Í	10 / 26 / 2020
City State TN	Zip Code 37129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
	upation (for Individual) les rep	Memo Item
	Year-to-Date ▼	7
Primary X General Other (specify) ▼	A 10,000.00	
Full Name of Individual (Last, First, Middle Initial) or Full C Rubin, Jordan	rganization Name	Date of Receipt
Mailing Address 7360 Harlow Drive		10 27 2020
City State College Grove TN	Zip Code 37046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		[Part]
Beyond Hemp s	upation (for Individual) elf employed	Memo Item
Receipt For: Primary X General Other (specify) Aggregate	Year-to-Date ▼ 5,000	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 N
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar	s may not be sold or used by any pe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	to addition of any political committee	to constructions from such committee.
United Medical Freedom Super PA	CIIC	
Full Name of Individual (Last, First, Middle Initial) or Fu. Richfield, Jeff	UII Organization Name	Date of Receipt
Mailing Address 6445 Old Clarksville Pike		10 / 27 / 2020
City State Joelton	ΓN Zip Code 37080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer (for Individual) Music City Roofers	Occupation (for Individual) OWNER	Memo Item
Receipt For: Primary General Other (specify) ▼	gate Year-to-Date ▼ 1,000	
Full Name of Individual (Last, First, Middle Initial) or Fu	ull Organization Name	
E. Sammons, Denise Mailing Address 106 Rogosin Drive		Date of Receipt 10 27 2020
City Elizabethton State		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer (for Individual) Sozo Life and Wellness	Occupation (for Individual) owner	Memo Item
Receipt For: Primary	gate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Initial) or Fi Lucas, Tianna	ull Organization Name	Date of Receipt
Mailing Address 106 Rogosin Drive		10" (27 (2020)
Cit Elizabethton State		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary X General Other (specify) Aggre	gate Year-to-Date ▼ \$500.00	

SCHEDOLE A (FEC FOIII 3A)	Use separate schedule(s)	FOR LINE NUMBER: [PAGE OF
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and an ANALE OF COMMITTEE (In Full)		
United Medical Freedom Super PAC,	LLC	
Full Name of Individual (Last, First, Middle Initial) or Full O. G. Ludick, Jacobus Mailing Address 541 Hawthorne Avenue	rganization Name	Date of Receipt
City helbyville State KY	Zip Code 40065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
self-employed	upation (for Individual)	Memo Item
Primary X General Other (specify) ▼	Year-to-Date ▼ \$1,000.00	
Full Name of Individual (Last, First, Middle Initial) or Full O H. Sisson, Robert Mailing Address 1406 Alum Cave Cv.		Date of Receipt
City Sevierville State TN FEC ID number of contributing federal political committee.	Zip Code 37862	Amount of Each Receipt this Period
Name of Employer (for Individual) Occ	upation (for Individual) umber	Memo Item
Receipt For: Primary X General Other (specify) ▼	Year-to-Date ▼ \$1,000.00	
Full Name of Individual (Last, First, Middle Initial) or Full O I. Antis, Aaron Mailing Address	rganization Name	Date of Receipt
7705 E. El Paso Street City State OK	Zip Code 74014	10 28 2020
FEC ID number of contributing , federal political committee.		Amount of Each Receipt this Period
Shaw Homes [upation (for Individual) Director of Sales	Memo Item
Primary X General Other (specify)	Year-to-Date ▼ \$500.00	
SUBTOTAL of Receipts This Page (optional)	· /	
TOTAL This Period (last page this line number only)	>	

COUEDINE A (EEC Form 3V)		
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)
TEMIZED RECEIPTS	for each category of the	
•	Detailed Summary Page	11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and Stateme	ents may not be sold or used by any per	son-for the purpose of soliciting contributions
or for commercial purposes, other than using the name	and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
United Medical Freedom Super P	AC IIC	· · · \
/ Officed Medical Treedom Cuper 1	70, LL0	
Full Name of Individual (Last, First, Middle Initial) or	Full Organization Name	
DeCristofaro, James	<u> </u>	Date of Receipt
Mailing Address		
235 W. 48th Street, 19P] 10 29 2020
City	ate Zip Code	A Company of the Comp
New York	NY 10036	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		
- Control Cont	The state of the s	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
DeCristofaro Law		
	regate Year-to-Date ▼	
Primary X General	Φ.C.O.O.O.O.	
Other (specify) ▼	\$500.00	
Full Name of Individual (Last, First, Middle Initial) or	Full Organization Name	
K. Roberts, Geordan		Date of Receipt
Mailing Address		
16516 S. Yale Avenu	<u> </u>	10 28 2020
75.1	tate Zip Code	
Bixby	OK 74008	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		
		Memo Item
MMM-USA	Occupation (for Individual)	I Wemo tem
Descript For	Owner	. د
	gregate Year-to-Date ▼	
Primary X General	\$500.00	
Other (specify) ▼	, , <u>,</u> , , , \$500.00	
F HALL CERTIFICATION AND ARTHUR LINES	F.II O	
Full Name of Individual (Last, First, Middle Initial) o	r Full Organization Name	Date of Bossint
L. Roberts, Nace		Date of Receipt
Mailing Address 16516 S. Yale Avenu		10 / 28 / 2020
	tate Zip Code	
Bixby	OK 74008	75 - 75 - 75 - 75 - 75 - 75 - 75 - 75 -
		Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
MMM-USA	Owner	Grands
Descint Fax:	gregate Year-to-Date ▼ 、	┪
Primary X General	grogato real-to-bate v	3
Other (specify)	\$50 <u>0</u> .00	
· · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only).		\$22,776.00
· · · · · · · · · · · · · · · · · · ·		De resiliere de la companya del la companya de la c

		<u> </u>	
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	. Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 28a	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTÉE (In Full)			
United Medical Freedom Super PA	C, LLC		
Full Name (Last, First, Middle Initial)		().	
A. Bank of America			Date of Disbursement
Mailing Address			ź020 · ·
City	State Zip Code		FEC Identification Number
Purpose of Disbursement	<u> </u>		C
misc. bank fees	· · · · · · · · · · · · · · · · · · ·	001	
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen	pent For	Туре	\$75,90
· • • • • • • • • • • • • • • • • • • •	Primary General		φ Ψ/5,90,
President	Other (specify) ▼		Memo Item
State: District:	\		
Full Name (Last, First, Middle Initial)		-,	
l. Olszewski, Erin	•		Date of Disbursement
Mailing Address 2209 Portofino Place #252	<u> </u>		11 2 2 2020
	State Zip Code FL 34683		FEC Identification Number
Purpose of Disbursement			C
honorarium		007	
Candidate Name	·	Category/	Amount of Each Disbursement this Period
Office Sought: House Disburser	nent For:	Туре	\$2,000,00
Senate	Primary General		Ψ2,008:00
President	Other (specify)		Memo Item
State: District:			Went rem
Full Name (Last, First; Middle Initial)	(
:. Willis, Mikki			Date of Disbursement
	-		"11" / "23" / \ 2020 \ \
Mailing Address PO Box 820			
	State Zip Code 93024		FEC Identification Number
Ujai	CA 93024		. 20 Identification Number
Purpose of Disbursement		007	C
honorarium Candidate Name		استستيسا	Account of Fort Park
Candidate Hame		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:	1,700	\$2000.00
Senate	Primary General		
President	Other (specify) ▼	•	Memo Item
State: District:		·	· · · · · · · · · · · · · · · · · · ·

SUBTOTAL of Disbursements This Page (optional).....

SCHEDULE B (FEC Form 3X)	Hoo congrete cabadists (2)	FOR LINE NUMBER:	PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 23 28a 28b 28c	26 27 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) United Medical Freedom Super PA	AC, LLC		
Full Name (Last, First, Middle Initial) D. Gregory, Lori		Date of Disbur	sement / 2020 ***
Mailing Address 1621 NE 2nd Street #503			2020
City Ocala	State Zip Code FL 34470	FEC Identificat	ion Number
Purpose of Disbursement honorarium Candidate Name			th Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Type Memo Iter	\$2,000,00
Full Name (Last, First, Middle Initial) E Allstar Audio Systems, Inc. Mailing Address PO Box 541964		Date of Disbu	zement / 2020
City Merrit Island Purpose of Disbursement	State Zip Code FL 32954	FEC Identifica	tion Number
audio expense Candidate Name		001	ch Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Memo Itel	\$24,742.48
Full Name (Last, First, Middle Initial) F. Sizemore, Barry		Date of Disbu	
Mailing Address 203 Sundown Drive			2020
City Smyrna	State Zip Code 37167	FEC Identifica	tion Number
Purpose of Disbursement Trash Removal Candidate Name		Category/ Amount of Ea	ch Disbursement this Period
	ment For: Primary General Other (specify)	Memo Ite	\$1500 <u>.</u> 00
SURTOTAL of Dishursements This Page (ontional)			

CHEDULE B (FEC Form 3X)			7 1		10105 05
CMIZED DICDITOREFICATO	Use sepa	arate schedule(s)			LINE NUMBER: PAGE OF conly one)
EMIZED DISBURSEMENTS	for each	category of the	1	`	216 22 23 26 27
	Detailed	Summary Page	. [28a 28b 28c 29 30b
y information copied from such Reports and State	ements may	not be sold or us	ed h	—	
for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)		· .			
United Medical Freedom Super P	AC. LLC				
		· ·			
Full Name (Last, First, Middle Initial)					Date of Disbursement
Wallace, Rachel					Date of Dispulsement
Mailing Address					
1616 Alysheba Run					
City	State	Zip Code			FEC Identification Number
Murfreesboro	TN	37128			
Purpose of Disbursement		{		01	
hair/make-up Candidate Name					Amount of Each Dishursement this Day
		l	Ç	ategon Type	y/ Amount of Each Disbursement this Peri
Office Sought: House Disburs	ement For:				\$675.00
Senate	Primary	General			
President	Other (spe	cify) 🔻			Memo Item
State: District:					Rose/3
Full Name (Last, First, Middle Initial)					Date of Dishursement
Tennessee Personal Protection	,				Date of Disbursement
Mailing Address	<u> </u>				2020
2803 Mcgee Ct	•				المستقدة المسالة المسالة
City	State	Zip Code	•	-	FEC Identification Number
Thompsons Stn	TN	37179			
Purpose of Disbursement Security expense				001	
-				1	Amount of Each Disbursement this Per
Candidate Name				ategor	arr i Amount of Each Dispursement this Per
Candidate Name	• •	·	'		y, Amount of East Dissolution and to
	ement For:			Type	\$5,060.00
	ement For:	General			
Office Sought: House Disburs Senate President	-				\$5,060.00
Office Sought: House Disburs Senate President State: District:	Primary				
Office Sought: House Disburs Senate President	Primary				\$5,060.00 Memo Item
Office Sought: House Disburs Senate President State: District:	Primary				\$5,060.00
Office Sought: House Disburs Senate President State: District: Full Name (Last, First, Middle Initial)	Primary		·		\$5,060.00 Memo Item
Office Sought: House Disburs Senate President State: District:	Primary				\$5,060.00 Memo Item
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary		· · · · · · · · · · · · · · · · · · ·		S5,060.00 Memo Item Date of Disbursement
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City	Primary Other (spe	cify)			\$5,060.00 Memo Item
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address	Primary Other (spe	cify)			S5,060.00 Memo Item Date of Disbursement
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement	Primary Other (spe	cify)		Туре	S5,060.00 Memo Item Date of Disbursement FEC Identification Number C
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City	Primary Other (spe	cify)		Type	S5,060.00 Memo Item Date of Disbursement FEC Identification Number C Amount of Each Disbursement this Per
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name	Primary Other (spe	cify)		Туре	S5,060.00 Memo Item Date of Disbursement FEC Identification Number C Amount of Each Disbursement this Per
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name	Primary Other (spe	cify)		Type	S5,060.00 Memo Item Date of Disbursement FEC Identification Number C Amount of Each Disbursement this Per
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburs	Primary Other (spe	Zip Code		Type	S5,060.00 Memo Item Date of Disbursement FEC Identification Number C Amount of Each Disbursement this Per

DANS			Use separate schedule(for each category of the		PAGE OF
1	· .	•	:	Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)					
	- '				
LOAN SOURCE Full Name (Last,	First, Mide	dle Initial)	-	☐ Memo Item	Election:
, , , ,					Primary
Mailing Address	· .	 			General Other (specify) ▼
· · · · · · · · · · · · · · · · · · ·	• • • •				
City		State	ZIP Cod	de .	
	·				
Original Amount of Loan		Cumulative Pay	ment To	Date Balanc	ce Outstanding at Close of This Peri
Onginal Amount of Loans		Cumulative Fayi			Le Outstanding at Close of This Pen
1.55					
TERMS					
Date Incurred	77)		ate Due	Interest Rate	Secured:
					% (apr) Yes1
List All Endorsers or Guarantors	(if any) to	Loan Source			
1. Full Name (Last, First, Middle In	nitial) :			Name of Employer	
	<u> </u>	<u> </u>		<u> </u>	
Mailing Address			1	Occupation	
City	State	ZIP Code		Amount	
Only .	١	2 5555		Guaranteed Outstanding:	
2. Full Name (Last, First, Middle II	l	<u> </u>		Name of Employer	and the second and the second
				Yearno or Employor	
Mailing Address	4)	<i>y</i> .	Occupation	
	T =	· · ·	-		<u> </u>
City	State	ZIP Code		Amount Guaranteed	
3. Full Name (Last, First, Middle II				Outstanding:	
o. Tuli Name (Last, First, Middle II	illiai)		•	Name of Employer)
Mailing Address			٠)	Occupation	· · · · · · · · · · · · · · · · · · ·
				,	·
City	State	ZIP Code		Amount Guaranteed	
		<u> </u>		Outstanding:	
4. \ Full Name (Last, First, Middle I	nitial)			Name of Employer	
Mailing Address		<u> </u>		Occupation	<u>J</u>
Maining Address	. \	٠.		Occupation .	
City	State	ZIP Code	<u> </u>	Amount	
	· .		٠.	Guaranteed Outstanding:	7 7
	· .			5 7	_
SUBTOTALS This Period This Page	(optional).	· ·····		>	
					
OTALS This Period (last page in th	is line only)	<i>;</i>	• · · · · · · · · · · · · · · · · · · ·	
Ones and a sale and a	INF 3 Sch	edule D. for this	line If	no Schedule D. carry forw	ard to appropriate line of Summ

SCHEDULE C ₇ 1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM	I LENDING INSTITUTIOI	Supplementary for Information found on
Federal Election Commission, Washington, D.C. 20463	,	Page of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address		
City State Zip Code	Date Incurred or Established	ed Man / B B / V V V V V V V V V V V V V V V V
A. Has loan been restructured? No Yes	If yes, date originally incur	rred / V V V V V V V V V V V V V V V V V V
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt i	incurred? ors must be reported on Schedule (C.)
property, goods, negotiable instruments, certificat stocks, accounts receivable, cash on deposit, or No Yes If yes, specify: E. Are any future contributions or future receipts of collateral for the loan? No Yes If yes	other similar traditional collateral?	Does the lender have a perfected security interest in it? No Yes What is the estimated value?
A depository account must be established pursua	ant Location of account:	
to 11 CFR 100.82(e)(2) and 100.142(e)(2).		
Date account established:	Address:	
	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this	ve was pledged for this loan, or if to be loan was made and the basis on	the amount pledged does not equal or exceed which it assures repayment.
G. COMMITTEE TREASURER Typed Name		DATE
Signature		
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, are accurate as stated above.		formation regarding the extension of the loan
II. The loan was made on terms and condition similar extensions of credit to other borrow. III. This institution is aware of the requirement	ers of comparable credit worthines	
complied with the requirements set forth at	1 11 CFR 100.82 and 100.142 in m	naking this loan.
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	

EHEDULE D (FEC Form 3X) EBTS AND OBLIGATIONS cluding Loans		1	scl fo	e separate nedule(s) or each bered line)	PAGI FOR LINE NUI (check only on	MBER:
AME OF COMMITTEE (In Full)				,		,
				·		·
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of D	ebt (Purpose):	
	, ,					
Mailing Address						
City :	State	Zip Code	<i>j</i> '	,	•	
Outstanding Balance Beginning This Period	.					
/ Amount Incurred This Period	Payn	nent This Period			ng Balance at Cl	ose of This Peri
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Nature of D	ebt (Purpose):	
Mailing Address				\ \ \		
City	State	Zip Code	<u> </u>		į.	٠.
Outstanding Balance Beginning This Period Amount Incurred This Period	Payn	nent This Period		Outstandi	ng Balance at Cl	ose of This Per
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		•	Nature of D	Pebt (Purpose):	<u> </u>
Mailing Address			·	,		
City	State	Zip Code	-			
Outstanding Balance Beginning This Period Amount Incurred This Period	Payr	ment This Period		Outstandi	ng Balance at Cl	ose of This Per
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number of			<u>}</u>			
TOTAL OUTSTANDING LOANS from Schedule C		1				

SCHEDU	JLE E	(FÉC	Form	3X)
ITEMIZED	INDEPE	NDENT	EXPE	NDITURES

ΓE	MIZED INDEPENDENT EXPENDITURES	٠			PAGE OF FORM 3X
VΑ	ME OF COMMITTEE (In Full)		<u> </u>		FEC IDENTIFICATION NUMBER ▼
ı	Jnited Medical Freedom Super PAC, L	LC			C
Ch	eck if 24-hour report 48-hour report	New repo	rt Amends repor	rt filed on	, p.g / A.A.A.A
	Full Name of Payee	·	☐ Memo	Item Date	of Public Distribution/Dissemination
	Mailing Address			L	
	City Stat	 e T	Zip Code	Amou	nt
	,			Date	of Disbursement or Obligation
	Purpose of Expenditure		Category/ Type		, d , d , d , d , d , d , d , d , d , d
	Name of Federal Candidate:		Support	Office Sough	<u> </u>
			Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought			Disbursemen	nt For: Primary General Other (specify) ▶
	Full Name of Payee	٠	☐ Memo	Item Date	of Public Distribution/Dissemination
	Mailing Address				
	Ta.			Amou	int
	City	e .	Zip Code		ال الماليين الماليين
	Purpose of Expenditure		Category/	Date	of Disbursement or Obligation
	Name of Federal Candidate:	· .	Support Oppose	Office Soug	·
	Calendar Year-To-Date		Оррозе	Disburseme	
_	Per Election for Office Sought				Other (specify) ▶
_	(a) SUBTOTAL of Itemized Independent Expenditures		• .	-	
	(a) SUBTOTAL of Unitermized Independent Expenditures	•••••		· [
	(a) TOTAL Independent Expenditures	······································		- [
	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized	reported herein were committee or agent o	not made in of either, or (i	cooperation, consultation, or concert f the reporting entity is not a political
			Date	·	A ARABARA
	Signature		_ Date	النصا	

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be	used only	by Political Com	mittees in the Gen	eral Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)			· ·	•	
	Ĺ		•		
las your committee been designated to make coordinated expenditures by a political party committee of NO	,	Full Name of Sub	ordinate Committee		· · · · · · · · · · · · · · · · · · ·
f YES, name the designating committee:	ļ	Mailing Address			
		City		Sta	te ZIP Code
Full Name (Last, First, Middle Initial) of Ea	ach Payee		☐ Memo Item	Purpose of Expe	
Mailing Address		·,		Date	Category/ Type
City	State	Zip Code	,		/ Y * Y * Y * Y
Name of Federal Candidate Supported (Office Sough	t: House Senate Presidential	State: District:	Amount '	
Aggregate General Election Expenditure for this Candidate	77.4				
Full Name (Last, First, Middle Initial) of Ea	ach Payee		☐ Memo Item	Purpose of Exp	enditure Category/ Type
City	State	Zip Code	· · ·	Date	D & B / Y & Y & Y & Y
Name of Federal Candidate Supported	Office Sough	t: House Senate	State:	Amount	<u> </u>
		Presidentia		- 25	
Aggregate General Election Expenditure for this Candidate					
Full Name (Last, First, Middle Initial) of E	ach Payee		☐ Memo Item	Purpose of Exp	Category/
Mailing Address				Date	Туре
City	State	Zip Code		M M /	/ Y = Y = Y = Y .
Name of Federal Candidate Supported	Office Sough	tt: House Senate Presidentia	State:	Amount	
Aggregate General Election Expenditure for this Candidate ▶		(
SUBTOTAL of Expenditures This Page (option	onal)		······		
TOTAL This Period (last page this line numb	per only)				

PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds and Nonconnected Committees Only)

	MMITTEE (In Full)
:	USE ONLY ONE SECTION, A or B
A. Sta	ite and Local Party Committees
ı	Fixed Percentage (select one)
-	Presidential-Only Election Year (28% Federal)
	Presidential and Senate Election Year (36% Federal)
	Senate-Only Election Year (21% Federal)
	Non-Presidential and Non-Senate Election Year (15% Federal)
D 0-	nameta Campanatad Funda and Nanaannastad Campaittasa
	parate Segregated Funds and Nonconnected Committees Indicate ratio below
	ndicate ratio below
	Federal%
ו	rederal% Nonfederal

CHECK IF THE RATIO IS:

Revised

New

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % **ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported New **ACTIVITY OR EVENT IDENTIFIER FEDERAL %** NONFEDERAL % **ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported New **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER FEDERAL %** NONFEDERAL % **ACTIVITY IS:** Direct Candidate Support Fundraising CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising %

Same as Previously Reported

IE OF COMMITTEE (In Full)			•
NAME OF ACCOUNT DATE OF R	ECEIPT	TOTAL AMOUNT	TRANSFERRED
REAKDOWN OF TRANSFER RECEIVED			· · · · · · · · · · · · · · · · · · ·
i) ` Total Administrative			
ii) Generic Voter Drive	· · · · · · · · · · · · · · · · · · ·		
iv) Direct Fundraising (List Activity or Event Identifier)			
a)			
c) Total Amount Transferred For Direct Fundraising			
v), Direct Candidate Support (List Activity or Event Identifier)			· · · · · · · · · · · · · · · · · · ·
a)			J
b)	the second se		
c) Total Amount Transferred For Direct Candidate Support vi) Public Communications Referring Only to Party (Made I			
	WN OF TRANSFER RECEIV	•	

TOTAL This Period (Administrative)			, -me л н -me л .	
		Day and an artist of the control	Consequent Consequence (Consequence Consequence Conseq	
			· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (Generic Voter Drive)	·	· 1		
, , , , , , , , , , , , , , , , , , , ,			the street of th	The second section of the second section of the second section
· · · · · · · · · · · · · · · · · · ·				
TOTAL THE Desired (Francisco Acadedates)	•			
TOTAL This Period (Exempt Activities)		•••••		
•		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(and the state of t
TOTAL This Period (Direct Fundraising)				
	(* •		
TOTAL This Period (Direct Candidate Suppo	rt\			
. TOTAL TIME TOTION (BITCOL COMMINGE COPPO				
	•			
				. ر
TOTAL This Period (Public Communications	Referring Only to	Party)		
				. •
	•	•		
TOTAL This Period (Total Amount Transferre	:d)	************		
				·

NONO IN IN IN ON OOMGOOD

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	:	Ć	F			
·						
FOR	LINE	21a	OF	FOR	М	3×

_						
N/	ME OF COMMITTEE (In Full)					
Ā.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity	or Event:
			<u> </u>		Administrative	Fundraising Exempt
	Mailing Address				Voter Drive	Direct Candidate Support
	City	State	Zip Code	e e e e e e e e e e e e e e e e e e e	Public Comm	(ref to party only) by PAC
٠.		<u> </u>		1		y or Event Year-To-Date
	Purpose of Disbursement:		. 🔍		Allocated Activity	y or Everit real-to-bate
	Activity or Event Identifier:	· · · · · · · · · · · · · · · · · · ·				
٠.	Activity of Evert Identifier.			Category/	[New]	/ TOTO / TOTO /
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Туре	Date	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUNT
			<u> </u>		I Allerta de Articia	
В.	Full Name (Last, First, Middle Initial)		•	☐ Memo Item	Allocated Activity	
	Mailing Address				1—	Fundraising Exempt
				<u> </u>	Voter Drive	Direct Candidate Support
	City	State	Zip Code		Public Comm	(ref to party only) by PAC
•	Purpose of Disbursement:	٠		r		y or Event Year-To-Date
			<u> </u>			
	Activity or Event Identifier:	.,,	* 2"			
			· ,	Category/ Type	Date	\ D \ D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	FEDERAL SHARE	+	NONFEDERAL	SHARE	Salazare enhances and	TOTAL AMOUNT
	LESCHAL CHARLE			Y T		
						<u> </u>
<u>c.</u>	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity	or Event:
		٠ ,		· ·	Administrative	Exempt
	Mailing Address		*		☐ Voter Drive	Direct Candidate Support
<i>:</i>	City	State	Zip Code		Public Comm	ref to party only) by PAC
		<u> </u>		, <u>.</u>		y or Event Year-To-Date
	Purpose of Disbursement:					- Complete C
	Activity or Event Identifier:					
			•	Category/	TW W	/ Pro / Provovo
		٠		Туре	Date	
	FEDERAL SHARE	+	NONFEDERAL	•	=	TOTAL AMOUNT
				4		
_		<u> </u>				
S	UBTOTAL of Allocated Federal and NonFederal	Activity T	his Page		•	<i>:</i> >
•	FEDERAL SHARE	+	NONFEDERAL	SHARE		TOTAL AMOUNT
				, a		
T	OTAL This Period (last page for each line only)	(Federal s	share to 21(a)(i) and	d NonFederal sh	are to 21(a)(ii))	
•	FEDERAL SHARE	1 . Samesting	NONFEDERAL	SHARE		TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

ME OF COMMITTEE (In Full)	
NAME OF ACCOUNT / DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	7
i) Voter Registration VOTER REG	ISTRATION
Total Amount Transferred for Voter Registration	VOTER ID
ii) Voter ID	VOTENIE
Total Amount Transferred for Voter ID	GOTV
iii) GOTV Total Amount Transferred for GOTV	COTY
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	
· · · · · · · · · · · · · · · · · · ·	Contract to contract the registration of the contract to the c
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REG	SISTRATION
Total Amount Transferred for Voter Registration	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	CENERIC CAMPAICAL ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE	D (Last Page Only)
TOTAL This Period (Voter Registration)	
TOTAL This Period (Voter ID)	
Section Sectio	
TOTAL This Period (GOTV)	
TOTAL This Period (Generic Campaign Activity)	
TOTAL THIS PERIOD (Generic Campaign Activity)	
TOTAL This Period (Total Amount of Transfers Received)	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE		OF		
FOR I	INF 3	na OF	FORM	3Y

	ME OF COMMITTEE (I. F. II)			`	
VΑ	ME OF COMMITTEE (In Full)	_			
-				5	Type of Allocated Activity or Event:
	A. Full Name (Last, First, Middle Initial	l) / Full Org	anization Name	☐ Memo Item	Voter Registration GOTV
			ز	•	U Voter ID Generic Campaign
	Mailing Address	· -			Allocated Activity or Event Year-To-Date
•	Maining Address		•	• •	
	City	State	Zip Code		
		_: _			
	Purpose of Disbursement 7			· Category/	Date
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1.	Туре	Date Land Land
	FEDERAL SHARE	+	LEVIN SI		TOTAL AMOUNT
		الحما		7 7 7	
	B. Full Name (Last, First, Middle Initia	l) / Full Org	anization Name	Memo Item	/Type of Allocated Activity or Event:
	,				Voter Registration GOTV
					Voter ID Generic Campaign
			and the second		Allocated Activity or Event Year-To-Date
	Mailing Address		,		Allocated Activity of Event fear-10-Date
		10:	·	_	
	City	State	Zip Code		
	Purpose of Disbursement	}			MAN / LEAD / LASARA
	Turpose of Disbursement			Category/ Type	Date /
	FEDERAL SHARE	+	LEVIN SI		TOTAL AMOUNT
	FEDERAL SHARE		TEAIN 21	TANE	- TOTAL AMOUNT
				. s a. a. s	
•		Canada and			
	C. Full Name (Last, First, Middle Initia	il) / Full Org	anization Name	☐ Memo Item	
		`			Voter Registration GOTV
				. ,	Voter ID Generic Campaign
	Mailing Address			· 	Allocated Activity or Event Year-To-Date
	Walling Address				
	City	State	Zip Code		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.]			
	Purpose of Disbursement)	Category/	Data / Data / Yayayay
	17		<u>, </u>	Туре	Date
	FEDERAL SHARE	• +	LEVIN'SI	HARE	= TOTAL AMOUNT
				·	
_	UDTOTAL (S)	¥			
S	UBTOTAL of Shared Federal and Levin	ACTIVITY I'hi	= ,	MADE	
	FEDERAL SHARE		LEVIN SI	HAHL	TOTAL AMOUNT
T(OTAL This Period (last page for each li	ne onlv)(Fe	deral share to 30(a)(i) a	nd Levin share to	30(a)(ii))
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT					
			•	<u> </u>	
			LEVIN SI		
T/	OTAL This Period for the Levin Share	•)
• '	- i i i chiadina mo comi onulo				0

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)		
NAM	E OF ACCOUNT		
		<u></u>	
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		
	(a) Itemized(Use Schedule L-A)		
-			
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
	OTTEN TEGEN TO		
3.	TOTAL RECEIPTS		
	(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		, (
	(a) Voter Registration		
	(b) Voter ID		
	(5)		
	(c) GOTV		
•			
	(d) Generic Campaign		
	(e) Total)	
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		7 7 7 7
1			
7.	BEGINNING CASH ON HAND		
	(for Column B, use cash as of January 1st)		
8.	RECEIPTS		
G.	. (from Line 3)		
	CURTOTAL		
9.	SUBTOTAL(Add Lines 7 and 8)		
•			
-10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND		
	(Subtract Line 10 From Line 9)		Transport of the second
			

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

e sold or used by any person for the purpose of soliciting contributions of any political committee to solicit contributions from such committee.

			(check only one)
ny information copied from such Reports and to for commercial purposes, other than using the	Statements may not be soll e name and address of an	d or used by any per y political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			,
Full Name of Individual (Last, First, Middle In	uitial) or Full Organization N	lomo 🗖 Mama Itam	Date of Descirt
Full Name of Molvidual (Last, First, Middle III	iliai) or Full Organization is	varie 🔛 Memo item	Date of Receipt
- W A - 1 - 1			
Mailing Address			1
·	<u> </u>		Amount of Each Receipt this Period
City	State	Zip Code	
ŕ	i		
Name of Employer (for Individual)			
14a/10 of Employer (10) maintagary	•		Aggregate Year-to-Date
			riggiogato rour to bato
Occupation (for Individual)	t		
•			
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization	Vame Memo Item	Date of Receipt
Tall 15 and of marking at the first, landing it	, or run Organization i	-ao 🗀 wienio keni	Date of Fiedelpt
			Many / Long / Andadas
Nation Address			┥┖┷┹┖┷┹
Mailing Address		•	
<u> </u>			Amount of Each Receipt this Period
City	State	Zip Code	
•		'	
Name of Employer (for Individual)			
Name of Employer (for individual)		·	Z A zamonata Vana ta Bata
			Aggregate Year-to-Date
Occupation (for Individual)		•	
•			
Full Name of Individual (Last First Middle In	nitial) or Full Organization I	Nama II Mama Itam	Date of Receipt
full Name of Individual (Last, First, Middle Initial) or Full Organization Name 🔲 Memo Item			Date of Neceipt
			Mam / Logo / Agadasa
8.6 ilina Addana			┥┖┷┛┖┷┛
Mailing Address			· ·
			Amount of Each Receipt this Period
City	State	Zip Code	
	1	.	
Name of Employer (for Individual)			
	•		Aggregate Year-to-Date
Occupation (for Individual)			
Occupation (for individual)			,
· · · · · · · · · · · · · · · · · · ·	·		
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization I	Name 🔲 Memo Item	Date of Receipt
•			
Mailing Address	· · · · · · · · · · · · · · · · · · ·		
	1.		Amount of Each Receipt this Period
City	State	Zip Code	
	/	<u> </u>	
Name of Employer (for Individual)			
			Aggregate Year-to-Date
Occupation (for Individual)			
Occupation (for individual)	. '		
	"	·	
CURTOTAL of Presints This Page (anti			
SUBTOTAL of Receipts This Page (optional)		············	
	•		
OTAL This Period (last page this line number	r only)		
., , , ,			

0
$^{\circ}$
4
020
_
2
,-
1
-
-
0
-
16
-
-
-
0
-
-
-
-
-
-
OCHIGOO
OCHIGOO

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Aggregation Page

OR LINE NUMBER	R: LPAG	iE	OF
check only one)	¬ —		
· L	4a	4c	5
L	_] 4b _	4d	

OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Disbursement Mailing Address State ~ Zip Code City Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item B. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ■ Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memò Item Date of Disbursement E. Mailing Address State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional).....

OM: MMESP 166 Dogwood Springs Dr. STICK NT BAINS ₽ O 7019 0100 0000 PLO PLOS

NONO - 1N - 17 - 0M - 00M000000





Federal Election Co ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fil	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
LISDS Driegity Moil Everyon	Postmarked
USPS Priority Mail Express	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registrati	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Spu	12/11/20
PREPARER (3/2015)	DATE PREPARED